

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20		2				
21		1				
22		3				
23		1				
24						
25						
26						
27						
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31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40	1					
41		2				
42		2				
43		2				
44		2				
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	44					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								